205 East Main Street PO Box 609 29927
(843) 784-2231 office (843) 784-6384 fax

2010 Business License Application

☐ **Renewal** ☐ **Change** Business Closed Date: _____
(Provide letter with closing date and gross receipts for 2009 & 2010)

Application Date: _____

Business Name: _____

Physical Address: _____
Address City State Zip

Mailing Address:
_____
Address City State Zip

Business
Phone_____Fax:_____Email_____

☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Incorporated Number of employees: _____

Fed Tax ID or SS #: _____ SC State License #: _____

Name of Business Owner: _____Cell Phone: _____

Contact Person: _____ Cell Phone: _____

Please provide description of the primary function of the business being performed in the City of Hardeeville:

_____

Computation of license fee (see renewal letter)

1) **Actual Gross Income**: $_____
(Actual income received for 2009 in the City of Hardeeville ONLY)

2) Base fee ($0 - $100,000) $_____

3) Add $ _____per $1000 over $100,000 $_____

4) Add 5% penalty per month if postmarked after April 15, 2010 $_____
(total from 2 & 3)

5) Total License Fee $_____

I certify that all information given on this application is true and correct.

Print Name Signature Title

For Office Use ONLY
☐ State license ☐ Zoning ☐ Fire ☐ Building ☐ Tax Map # ☐ Taxes paid

NAICS Code _____ Rate Class _____ Business Type _____

Revised 11/01/2008